

## DECLARATION AND

Docket No \_\_\_\_\_

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Method of generating a control program for a device for photorefractive corneal surgery of the eye, the specification of which

(check one) ☐ is attached hereto.  
☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).  
☒ was filed as PCT International Application N~~P~~CT/EP01/04978 and was  
amended under PCT Article 19 on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed:

Prior Foreign/PCT Application(s)			Priority Claimed	
<u>100 22 995.6</u>	<u>Germany</u>	<u>11 May 2000</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Application No.)	(Country/PCT)	(Day/Month/Year Filed)	Yes	No
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/>	<input type="checkbox"/>
(Application No.)	(Country/PCT)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

Prior U.S./PCT Applications:

(U.S. Application Serial No.) (U.S. Filing Date) (Status-patented/pending/abandoned)

(U.S. Application Serial No.) (U.S. Filing Date) (Status-patented/pending/abandoned)

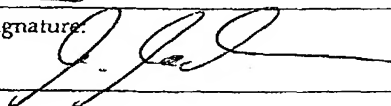
(PCT Application No.) (U.S. Filing Date) (U.S. Serial No. Assigned, if any) (Status-patented/pending/abandoned)

(PCT Application No.) (U.S. Filing Date) (U.S. Serial No. Assigned, if any) (Status-patented/pending/abandoned)

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor:

Michael MROCHEN

Inventor's Signature: 

Date

31 October 2001

Residence

Bellingrath Straße 4, 01279 Dresden, Germany

Country of Citizenship

Germany

DEX

Post Office Address

Same as residence

Full name of second joint inventor, if any:

2-00 Maik KAEMMERER

Inventor's Signature:

Date

Residence

Harthaer Straße 10, 01161 Dresden, Germany

Country of Citizenship

Germany

Post Office Address

Same as residence

Full name of third joint inventor, if any:

Theo SEILER

Inventor's Signature:

Date

Residence

Walpenreuther Straße 8, 95239 Zell, Germany

Country of Citizenship

Germany

Post Office Address

Same as residence

Full name of fourth joint inventor, if any:

Inventor's Signature:

Date

Residence

Country of Citizenship

Post Office Address

Full name of second joint inventor, if any:

Maik KAEMMERER

Inventor's Signature:

Date

Residence

Harthaer Straße 10, 01161 Dresden, Germany

Country of Citizenship

Germany

Post Office Address

Same as residence

UniversitätsSpital Zürich

Prof. Dr. Dr. T. Seiler

Augenklinik, Nordtrakt II

Frauenklinikstrasse 24

CH-8091 Zürich

Full name of third joint inventor, if any:

3-00 Theo SEILER

Inventor's Signature:

Date

Residence

Walpenreuther Straße 8, 95239 Zell, Germany

Country of Citizenship

Germany

Post Office Address

Same as residence

Full name of fourth joint inventor, if any:

Inventor's Signature:

Date

Residence

Country of Citizenship

Post Office Address